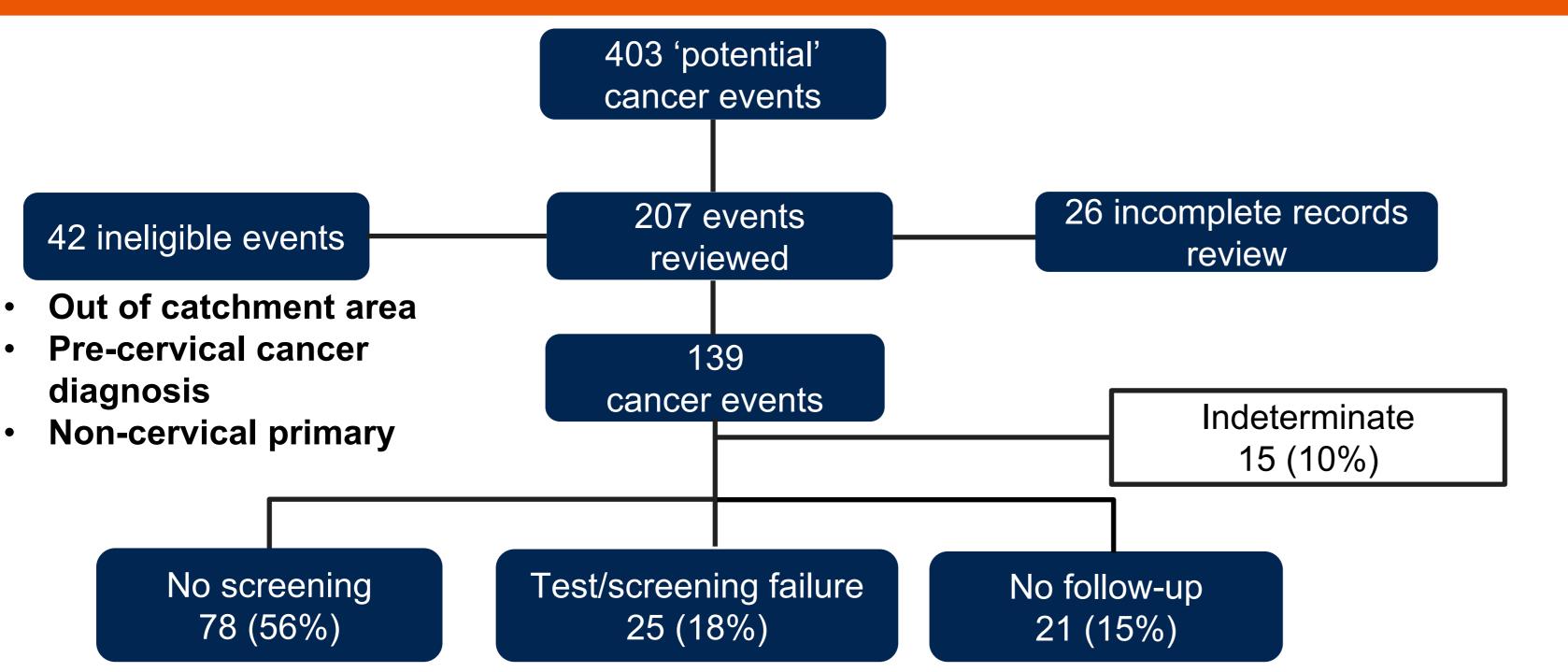


routine screening. In this study, we aimed to determine:

- Screening history of women leading up to cancer diagnosis. \bullet
- Socio-demographic and clinical characteristics of these \bullet women.
- Potential social barriers to screening. \bullet

- **Test/screening failure**: Appropriate screening and/or follow-up management \bullet yielded false-negative results.
- **No follow-up**: >6 months or >12-month lapse between abnormal screening test and follow-up management dependent on severity of screening test result.



Results

403 'potential' cancer events							Characteristic	# of Women (%)	
12 indiaible events				plete records			Age Groups	18 – 39 years	35 (25)
			review			40 – 65 years		85 (61)	
 Out of catchment area Pre-cervical cancer 139 								65+ years	19 (14)
	 diagnosis Non-cervical primary 	s Ir	Indeterminate				White	65 (47)	
				15 (10%)			Race/Ethnicity	Black	29 (21)
								Hispanic Other/Unknown	16 (11)
	No screening	Test/screening fail	lure No follow-up					Other/Unknown	29 (21)
78 (56%) 25 (18%) 21 (15%)								Private	54 (38)
Screening History by Age group							Health Insurance	Public	68 (48)
			Socia	Social barriers to screening				None/Unknown	17 (12)
		JAP	JULIA		leening				
100								Squamous	91 (66)
90			Homelessness	2 (1%)			Histology type	Non-squamous	46 (33)
80		No follow-up	Incarceration	6 (4%)				Unknown	2 (1)
70 % 60		Test/screening failure	Mental illness	8 (6%)			Cancer Stage	I - 11	96 (69)
60 ge			Marhid Obacity				Sunser Stage	III – IV	30 (22)
50 tag			Morbid Obesity	16 (12%)				Unknown	13 (9)
ueceu 40		No screening	Substance use disorder	16 (12%)			Symptoms at diagnosis	Yes	110 (80)
3 0			Non-English speaking	18 (13%)				No/Unknown	29 (20)
20			Underinsured		42 (30%)		Smoking status	Yes	69 (50)
10			1 or more barriers			77 (55%)		No/Unknown	70 (50)
0	18-39 years 40-65 years >65 year			0 20	40	60	Immunocompromised	Yes No/Unknown	7 (5) 132 (95)
	N=31 N=75 N=18		Percentage(%)						
Limitations							Conclusions		
 Screening history records ascertained through medical records may be incomplete. No screening and/or inadequate follow-up associated with 71% of cervical cancer cases. 									

- Social barriers to screening were identified through patient medical records and cannot be directly implicated as contributory factors to inadequate screening and/or follow-up management.
- Convenience sample (51% of potential cases) reviewed may not be representative of cervical cancer in Davidson County, Tennessee, and may not reflect screening histories of women elsewhere.
- 80% of women with cervical cancer presented with symptoms and 22% presented with late stage cancer.
- Potential barriers to screening such as inadequate health insurance coverage, serious mental illness and language barriers were commonly reported among women diagnosed with cervical cancer.
- These results emphasize the need for ways to assure implementation of recommended screening and follow-up guidelines.

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